Evidence for change of date of birth shown on Film 9135 9/11/51 dm.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08444

Reg. Dist. No. 355

1. PLACE OF DEATH COUNTY: Worcester — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berlin (Rural) — LENGTH OF STAY (In this place): In transit	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore - 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Road Rout #5	STREET ADDRESS (If rural, give location): 6616 Danville Ave
3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) L. (Last) Bley	4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1951
5. SEX: F — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: June 5-1901 (1896) — 9. AGE last birthday: 50 yrs. (55) — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary — 10b. KIND OF BUSINESS OR INDUSTRY: Hellmann's Mayonnaise Mfg. Co.	11. BIRTHPLACE (State or foreign country): Baltimore Md — 12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Harry Hanson	14. MOTHER'S MAIDEN NAME: Laura Wehman
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY No.: 214-12-4917	17. INFORMANT AND ADDRESS: Charles Pinnery - 3507 E. Lombard St Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
816.5 Immediate cause	(a) Wounds of Heart	1/2 hours
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Due to fractured ribs penetrating	
1900	3 compd. fractures of extremities & deep lacerations	
	(c) Result of Head-on auto collision	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): State Highway Rout 50 — (CITY OR TOWN) 1 1/2 mi. west of Berlin — (COUNTY) Worcester — (STATE) Md

TIME OF INJURY (Month) Aug (Day) 30 (Year) 1951 (Hour) 5:30 P.m. — INJURY OCCURRED While at work ☐ Not while at work X — HOW DID INJURY OCCUR? Head on Auto Collision

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* X *Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* X, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Dr. N. E. Sartorius — (Degree or title) Dep. Med. Exam. — ADDRESS: Pocomoke City Md — DATE SIGNED: 8/30/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	9/4/51.	Oak Lawn	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-1-51	Helen G. Hayward	Dennis A. Burbage	Berlin Md

350426

VS-A10

RECEIVED
SEP 5 1923
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08445

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; MARYLAND; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Branch Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Branch

3. NAME OF DECEASED (Type or Print): (First) Ouida (Middle) Hester (Last) Brittingham

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3-28-1884

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Berlin Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: John A. Fassett

14. MOTHER'S MAIDEN NAME: Clara Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robinson Brittingham, Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Aneurysm

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15-49 to 8-31-51, that I last saw the deceased alive on 8-31-51, and that death occurred at 2 34 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford E. Schick M.D. Berlin Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-51	Evergreen Cemetery	Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-4-51	Helen F. Hayward	James B. Dashiell	Salisbury, Md

RECEIVED
SEP 6 1951
BUREAU V. S.

Item 18 Film G135 9-19-51 ams

08446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin.
STREET ADDRESS (If rural, give location) Cornell Camp

3. NAME OF DECEASED (Type or Print) (First) Clyde (Middle) ~~Bull~~ (Last) Bull Jr.

4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1951

5. SEX male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Feb. 4 1951

9. AGE last birthday 0 yrs. If under 1 year: Months 6 Days 25. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Exmore Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clyde Bull Sr.

14. MOTHER'S MAIDEN NAME Sarah Sturgis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Clyde Bull Sr. Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Meningitis, Acute. Cerebrospinal. (9-19-51 ams)	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

057.0
6

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19.... to ...., 19...., that I last saw the deceased alive on ...., 19 –, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE Hammond Robbins M.D. (Degree or title) Dep. Med. Exam ~~ADDRESS~~ Berlin Md. DATE SIGNED 8/31/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/31/51
NAME OF CEMETERY OR CREMATORY Germantown
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8/31/51
REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Bruce A Burbage ADDRESS Berlin Md

9V204199V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

RECEIVED
SEP 6 1951
BUREAU V. S.

items 3, 13: Film G135 9-14-51 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08447

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean at Ocean City
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4408 Illinois Ave. N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. D. (Last) Hinebaugh
4. DATE OF DEATH (Month) Aug (Day) 26th (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 13-1907
9. AGE last birthday 44 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rate Analyst
10b. KIND OF BUSINESS OR INDUSTRY Gov. Service
11. BIRTHPLACE (State or foreign country) Lebanon, Hopkins
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME M. V. George O.C. HINEBAUGH (adopting parent)
14. MOTHER'S MAIDEN NAME Blanch Van Ausdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Wife of deceased Mrs Hinebaugh

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probably Coronary disease — Few minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (7)

94a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bathing in Ocean — Diving through waves

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ocean Wilmbe
(CITY OR TOWN) Ocean City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Aug (Day) 26th (Year) (Hour) 5:15 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Cold shock suddenly and was rescued from Sea

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Tartarius Dep Med Exam (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/30/51
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Aug 29 1951
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Benbaz ADDRESS Berlin Md

No report on Autopsy as yet

007916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08448

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke, Md. — LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke, Md.
STREET ADDRESS (If rural give location): Box 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Frances Moore Jones
4. DATE OF DEATH (Month) (Day) (Year): Aug. 22 1951
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug 6, 1903
9. AGE last birthday: 48 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Moore
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT: James Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrage — 6 weeks

331X Antecedent cause(s) (b) Essential Hypertension

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Pocomoke, Md - Worcester
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Natural Death

22. I hereby certify that I attended the deceased from 8/1/51, 19....., to 8/22/51, 19....., that I last saw the deceased alive on 8/15/51, 19....., and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Arvine M. Bradford, Md 801-4th St Pocomoke, Md 8/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug. 26 1951 — NAME OF CEMETERY OR CREMATORY: Shiloh Cemetery — LOCATION (City, town, or county) (State): Keller, Va.

DATE REC'D BY LOCAL REG.: Aug. 25, 1951 — REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR — ADDRESS: Edgar Mihalton, New Church, Va.

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, RFD #2
LENGTH OF STAY (in this place) Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway # 113 - Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY W. L.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) A (Last) Jump
4. DATE OF DEATH (Month) August (Day) 18 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1916
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Painter & Farm Hand
11. BIRTHPLACE (State or foreign country) Centerville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry M. Jump
14. MOTHER'S MAIDEN NAME Elma May Canter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 16-219-07-7102
17. INFORMANT AND ADDRESS Harry M. Jump Centerville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of base of Scull & Cervical Spine 10 min

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental c̄ Multiple Abrasions

(c) & Contusions - Shock

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway #113 Md (CITY OR TOWN) Berlin RFD #2 (COUNTY) Worcester (STATE) Maryland
TIME OF INJURY (Month) Aug. (Day) 18 (Year) 51 (Hour) 2:24 am.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hits and Run accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE Hermanle Robbins (Degree or title) Md Hist Med Exam. Worcester Co
ADDRESS Berlin, Md
DATE SIGNED 20 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/21/51
NAME OF CEMETERY OR CREMATORY Chesterville
LOCATION (City, town, or county) Centerville (State) Md

DATE REC'D BY LOCAL REG. 8/20/51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A Bunbay ADDRESS Berlin Md

8.22.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City (Rural) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In the bay

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — Worcester County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural, give location): 218 Somerset St

3. NAME OF DECEASED (Type or Print): (First) Leroy (Middle) (Last) Stedman
4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 51
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Mch 13 1910
9. AGE last birthday: 41 yrs. — If under 1 year: Months, Days — If under 2: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Some mason
10b. KIND OF BUSINESS OR INDUSTRY: Concrete Work
11. BIRTHPLACE (State or foreign country): Chimborazo Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm Stedman
14. MOTHER'S MAIDEN NAME: Annie Truitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 169-12-9296
17. INFORMANT AND ADDRESS: Kenneth Hennessy Salisbury Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — accidental — Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trapped over a boat seat (small boat) while motor was was speeding

(c)

850.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deceased couldn't swim

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Sinnepuxent Bay — (CITY OR TOWN) 9 miles of Ocean City — (COUNTY) Worcester — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 27 1951 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Joseph L. Sartorius — (Degree or title) Dep Med Exam — ADDRESS: Pocomoke City Md — DATE SIGNED: 8/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/1/51 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Berlin — (State): Md

DATE REC'D BY LOCAL REG.: 9-1-51 — REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Anna A Burbage — ADDRESS: Berlin Md

50 ad 5c 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural, give location) R F D #2

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Wilbur (Last) Townsend
4. DATE OF DEATH (Month) Aug. (Day) 23 (Year) 1951
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH April 15 (?)
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Section Boss
10b. KIND OF BUSINESS OR INDUSTRY Am. R.R.
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Townsend
14. MOTHER'S MAIDEN NAME Catherine Vickers.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Mr. Herman Turner Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chron. Degenerative Myocarditis c̄ Anasarca	6 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) sec to Atherosclerotic Heart Disease	10 yrs
	(c) Chronic Hypertrophy of Prostate c̄ Cysts	3 yrs

420.0
93d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. unito - Syphilis - Chron. Senile Dementia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 23rd Aug, 1951, that I last saw the deceased alive on 23rd Aug, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bernard Robbins Md 8 Aug 51 Berlin Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/25/51
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md
DATE REC'D BY LOCAL REG. 8/25/51
REGISTRAR'S SIGNATURE Helen I Hayward
24. FUNERAL DIRECTOR Bruce A. Bunbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) St. Louis Ave

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) (Last) Truitt

4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 5, 1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman
10b. KIND OF BUSINESS OR INDUSTRY Town.
11. BIRTHPLACE (State or foreign country) Bayville Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Collins Truitt
14. MOTHER'S MAIDEN NAME Scott.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS Mrs. Andrew Truitt Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1948, to 15 Aug, 1951, that I last saw the deceased alive on 14 Aug, 1951, and that death occurred at 5:55A m., from the causes and on the date stated above.

SIGNATURE Nathaniel R. Thomas (Degree or title) MD ADDRESS Ocean City, Md DATE SIGNED 18 Aug 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/18/51
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8/18/51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

773936

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1951
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D8453

Reg. Dist. No. 354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Girdletree Md.
STREET ADDRESS (If rural, give location) Girdletree, Md.

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) (Last) Watts

4. DATE OF DEATH: (Month) Aug. (Day) 9, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 8, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abbott Watts

14. MOTHER'S MAIDEN NAME: Mysura Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ———

17. INFORMANT AND ADDRESS: Winnie Blake - Girdletree, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Hypertensive Cardio-Vascular	
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Renal disease	unknown
97	(c) Gangrene, arteriosclerotic both feet	3 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: July 1951

19b. MAJOR FINDINGS OF OPERATION: Gangrene arteriosclerotic both feet

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/51, 19....., to 8/9/51, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Cohen Md Snow Hill Md 8/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 12, 1951

NAME OF CEMETERY OR CREMATORY: R.B. Wharton Memorial

LOCATION (City, town, or county) (State): Parksley Va.

DATE REC'D BY LOCAL REG.: Aug 14 1951

REGISTRAR'S SIGNATURE: Mary M. Taylor.

24. FUNERAL DIRECTOR: Edgar K. Wharton

ADDRESS: New Church 820105 Va.

RECEIVED
AUG 16 1951
BUREAU V. S.